

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC

14 JAN 28 AM 10:44

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Boozman For Arkansas

ADDRESS (number and street) ▼

PO Box 671

Check if different
than previously
reported. (ACC)

Rogers

AR

72757-0671

2. FEC IDENTIFICATION NUMBER ▼

C C00476317

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
-
- REPORT

NEW
(N)

OR

AMENDED
(A)

AR

00

4. TYPE OF REPORT (Choose One)

- (a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

- (b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y

- (c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

in the
State of

M M / D D / Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

through

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Rick Tanneberger

Signature of Treasurer Rick Tanneberger

Date

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

M M / D D / Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)